



**Communication Sciences
and Disorders**

Department of Communication Sciences & Disorders

AuD and MS SLP Graduate Student Handbook 2026-27

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TABLE OF CONTENTS

1	CSD CLINICAL GRADUATE PROGRAMS – GENERAL INFORMATION	4
1.1	The Department of CSD and Clinical Education	4
1.1.1	<i>History</i>	4
1.1.2	<i>Clinical Programs</i>	4
1.1.3	<i>Governance Structure</i>	5
1.2	General Program Procedures and Supports	5
1.2.1	<i>Admission Procedures</i>	5
1.2.2	<i>Advisor Assignment</i>	5
1.2.3	<i>Registration, courses, and grading</i>	6
1.2.4	<i>Special Opportunities</i>	6
1.3	Clinical Programs Expectations	8
1.3.1	<i>Beginning Expectations for Graduate Student Clinicians</i>	9
1.3.2	<i>UIOWA Student Success Document</i>	9
1.3.3	<i>Background check and compliances</i>	10
1.3.4	<i>Codes of Ethics</i>	10
1.3.5	<i>Other Policies</i>	10
1.3.6	<i>Student Support and Accommodations</i>	12
2	THE DOCTOR OF AUDIOLOGY, AuD PROGRAM	12
2.1	Accreditation, Certification & Licensure	12
2.2	Coursework for the AuD Program	12
2.3	Clinic Placement and Progression	12
2.3.1	<i>Orientation to clinical practice</i>	12
2.3.2	<i>The University of Iowa Speech, Language, and Hearing Clinic – Audiology clinic</i>	13
2.3.3	<i>UISAFE ('Sound Awareness for Everyone') program</i>	13
2.3.4	<i>Audiology clinic management</i>	13
2.3.5	<i>'Communication Explorers' preschool</i>	13
2.3.6	<i>Adult aural rehabilitation services</i>	13
2.3.7	<i>Clinical placements in the local community</i>	13
2.3.8	<i>Fourth-year externship</i>	14
2.4	Assessment Procedures for Audiology Students	14
2.4.1	<i>Assessing didactic progress for audiology students</i>	14
2.4.2	<i>Assessing clinical performance for audiology student clinicians</i>	14
2.4.3	<i>Grading</i>	15
2.5	Support plans for AuD students	16
2.5.1	<i>Clinical Action Plan (CAP)</i>	16
2.5.2	<i>Clinical probation</i>	16
2.5.3	<i>Clinical Intervention Plan (CIP)</i>	16
2.6	Formative and summative assessment of AuD students	17
2.6.1	<i>Formative assessments</i>	17
2.6.2	<i>Summative assessments</i>	17
2.6.3	<i>Clinical competencies</i>	18
2.6.4	<i>Capstone Project</i>	18
2.7	Graduation Procedures	20
2.8	Combined AuD/PhD	20
2.8.1	<i>Application Procedure</i>	20
2.8.2	<i>Requirements</i>	20
3	MASTERS IN SPEECH-LANGUAGE PATHOLOGY (MS-SLP)	21
3.1	Accreditation, Certification & Licensure	21
3.2	Coursework for the MS-SLP Program	21
3.3	Thesis Option	21
3.4	Clinic Placement and Progression for MS-SLP Students	22

3.5	Assessment Procedures for MS-SLP Students	22
3.5.1	<i>Assessing didactic progress for MS-SLP students</i>	22
3.5.2	<i>Assessing clinical progress for MS-SLP students</i>	23
3.5.3	<i>Grading</i>	24
3.6	Outplacements	25
3.6.1	<i>Grading</i>	26
3.7	Student support plans for MS-SLP students	26
3.7.1	<i>Clinical Action Plan (CAP)</i>	26
3.7.2	<i>Clinical Probation</i>	26
3.7.3	<i>Clinical Intervention Plan (CIP)</i>	27
3.7.4	<i>Withdrawal from Clinical Practicum</i>	27
3.8	Formative and summative assessment of MS-SLP students	27
3.9	Graduation Procedures	28
4	APPENDICIES	29
4.1	Professional Standards	29
4.2	Appendix B: UIOWA CSD AuD Student Evaluation Form	30
4.3	Appendix C: KASA MA-SLP Competencies at the University of Iowa	38
4.4	Appendix D School Speech Language Pathologist Licensure Preparation	44
4.5	Appendix: MS-SLP Thesis proposal form	47
5	Resources	48

1 **CSD CLINICAL GRADUATE PROGRAMS – GENERAL INFORMATION**

This guide provides students with information about the policies and procedures governing the Doctor of Audiology and the Master of Speech-Language Pathology programs of the Department of Communication Sciences and Disorders. It should be used as a supplement to the University General catalog (<https://catalog.registrar.uiowa.edu/liberal-arts-sciences/communication-sciences-disorders/>) and the Graduate College manual (<https://grad.uiowa.edu/academics/manual/academic-program>).

Although the goal is to cover departmental policies and procedures as completely as possible, these are subject to change as professional, university, and departmental policies evolve. Every attempt will be made to keep students informed of these changes as they arise. The application of policies to cases may also vary with the exceptional circumstances related to an individual student. Thus, students should seek clarification and additional information as needed from their faculty advisor or other program leadership.

Included in this section is information on the department, purpose of the programs, and policies and procedures pertaining to graduate students in the clinical graduate programs, regardless of the type of program they are pursuing.

1.1 **The Department of CSD and Clinical Education**

1.1.1 *History*

The Department of Communication Sciences and Disorders (CSD) at the University of Iowa is one of the U.S.'s oldest and largest programs. This discipline's beginnings are usually attributed to the pioneering work of Carl E. Seashore, who became head of the Department of Psychology in 1905 and Dean of the Graduate College in Iowa in 1908. Further, the field's governing body, the American Speech-Language- Hearing Association, was founded in Iowa City at the home of Dr. Lee Edward Travis.

The importance of Iowa's program in speech pathology and audiology and the new academic discipline it represented was recognized in 1956 when it became an independent department in the College of Liberal Arts (now College of Liberal Arts and Sciences). The department expanded in the next two decades. Its growth was facilitated by the Wendell Johnson Speech and Hearing Center building, dedicated in 1968, and will continue in its new location in the Health Science Academic Building beginning the Fall of 2025.

Throughout its history, the department has continued to reflect on the concepts that represented its roots. The department's programs reflect a continuing commitment to the notion that scientific exploration of speech and hearing processes and their disorders is critical to future progress in the assessment and treatment of speech, language, and hearing problems.

1.1.2 *Clinical Programs*

- 1) The **graduate program in speech-language pathology** is designed as a two-year professional program culminating in a Master of Science (MS) degree.
- 2) The **graduate program in audiology** is designed as a 4-year professional program culminating in a clinical doctorate of audiology (AuD) degree.

Both Graduate programs provide students with a basic understanding of clinical practice and research in the field, as well as experiential learning in relevant areas. All clinical students will graduate as generalists with the knowledge, skills, and attributes to work in any area of the field. In addition, a variety of special opportunities, available within the department and through inter-departmental collaborations, allow students to specialize in areas of particular interest and relevance to their career goals.

Students should recognize, however, that the time spent in a university program is only one intermediate phase in their overall education and professional training. It is not the goal of this program to graduate from a finished clinician, researcher, or teacher; this program is designed to provide students with the knowledge and skills required to facilitate lifelong learning and professional growth as clinicians, researchers, and teachers.

1.1.3 Governance Structure

The department is led by a Department Executive Officer (**DEO**), also known informally as “the Chair.” From the university level, the Department’s Director of Graduate Studies (**DGS**) represents all three graduate programs in the CSD department (**PhD, AuD, MS-SLP**). Each of the professional programs is led by a Director of Graduate Studies for a specific program (**DGS-AuD** and **DGS-SLP**). Other department personnel involved are a Departmental Administrator (**Admin**), a Graduate Program Coordinator (**GPC**), an Administrative Services Coordinator (**ASC**), a Clinic Support Services Specialist (**Scheduler**), and a Revenue Cycle Coordinator (**Billing**). The GPC can assist with all components of the student system of record such as tracking academic progress, grades, and completion of program milestones.

1.2 General Program Procedures and Supports

1.2.1 Admission Procedures

For typical application information, please see: <https://csd.uiowa.edu/graduate/admissions>.

1.2.1.1 Deferring admission (MS-SLP program only)

After being accepted into the MS-SLP program, a two-year student may defer for one year; however, the final determination on a deferment will be made on a case-by-case basis depending on the number of students already accepted into the program. If a deferment is granted, the student must contact the Department of Communication Sciences and Disorders by December 31 to confirm their commitment to enroll in that following fall. If a request for deferment is made prior to completion of the admissions process, then it is more likely to be granted. If a student who was offered funding requests a deferment, the deferment may be granted but without a guarantee of previously offered funding. The AuD program does not offer deferred admission.

1.2.1.2 Re-admission following program interruption.

If a student’s enrollment is interrupted for any reason so that they are not enrolled for three consecutive academic sessions (including the spring, summer, and fall sessions but excluding the winter session), the student must apply for readmission. The readmission application form must be used. The form is available at this website <https://grad.admissions.uiowa.edu/new-students/returning-students>. The Graduate College will not require new letters of recommendation, a new Statement of Purpose, a written explanation of the reasons for the absence, or a plan for degree completion. However, the Department of Communications Sciences & Disorders may request any or all those items.

1.2.2 Advisor Assignment

1.2.2.1 AuD Advising

In the AuD program, the Director of Graduate Studies; Audiology (DGS-AuD) will be the academic advisor for all AuD students. In June or July, prior to the start of your first semester in the AuD program, the academic advisor will email incoming AuD students with required course registration along with directions on how to register. If students have questions, they can talk with their advisor via email or zoom to discuss them. Students with funding will need to register in July to get their funding paperwork completed in time for the start of the fall semester. Additional time will be set aside during orientation week for students to meet with their academic advisor if needed.

1.2.2.2 MS-SLP Advising

Before their first semester of graduate school, SLP graduate students are assigned to advisors. In addition to helping the student plan the program of study, the advisor is also available to counsel the student regarding any problems related to the student's program of study, professional goals, etc. In some instances, the advisor may suggest that the student talk to the Director of Graduate Studies, Director of Clinical Programs, SLP, or another faculty member; however, the student should consult the advisor initially.

1.2.3 Registration, courses, and grading

During the latter part of each semester, students are assigned early by the registrar's office. Registration for the upcoming semester. The advisor is responsible for authorizing the student's registration. Students should plan to meet with their advisor to discuss any changes in study plan before their registration is authorized by the advisor. This is done in the university student record system (MAUI). For the first semester, registration typically occurs after communication with the academic advisor in the summer before the fall semester starts to ensure proper processing of financial aid and funding. Individual advising, registration, or course changes can also occur during orientation week.

1.2.3.1 Course Loads

The maximum academic load for graduate students is 15 semester hours during the fall and spring semesters and 9 semester hours during the summer session (there are exceptions that can be discussed between the student and advisor and require approval from the Graduate College).

1.2.3.2 Grading

1.2.3.2.1 Incomplete Grades

The Graduate College regulations specify that the grade of "I" is to be used only when a student's work during a session cannot be completed because of illness, accident, or other circumstances beyond the student's control. The department closely follows these regulations.

1.2.3.2.2 Academic Probation and Termination

The Graduate College policies on academic standing, probation, and dismissal of nondoctoral and doctoral graduate students can be viewed at [Academic Standing, Probation and Dismissal](#). An Academic Intervention Plan form must be completed and placed in the student's academic folder.

1.2.4 Special Opportunities

1.2.4.1 Professional Seminar

Weekly during the academic year (typically 12:00-1:00 on Friday) is scheduled for departmental seminars (referred to as Proseminar, or "Prosem") on research or clinical topics. An announcement of the title, speaker, and description of the topic is posted a few days before each meeting. Proseminars provide an opportunity for both students and faculty to present reports on clinical or research projects that are in progress or completed. Scheduling of proseminar is the responsibility of the faculty member assigned as the Proseminar Coordinator.

Graduate students currently taking local courses or are in the in-house clinic are expected to attend the Prosem regardless of the topic area. There may be some course registration requirements related to Prosem.

An attempt is made each year to schedule individuals who are experts in various areas to present guest lectures. In addition, scholars in related areas from other departments at the University of Iowa may be invited to present guest lectures. Suggestions from students and faculty members for individuals to be invited as guest lecturers are welcome. Suggestions should be submitted in writing to the Proseminar Coordinator

and should include contact information, professional affiliations, the topic/content of the public lecture, suggestions re: groups of individuals from CSD who might be particularly interested in attending, and dates that would work for the speaker.

1.2.4.2 Funding sources

1.2.4.2.1 Graduate Assistantships

A limited number of program teaching and research assistantships are available to all MS and AuD students. Note that other programs in the university offer graduate assistantships, and many CSD MS and AuD students have traditionally taken advantage of these. CSD assistantship decisions are made on a semester-by-semester basis. Offers are based on several considerations:

- merit (i.e., academic performance)
- performance within the clinic
- skill set (e.g., Does student have background coursework or skills to TA a course?)
- Student work habits: challenging work, positive attitude, flexibility, professionalism, etc.
- funding availability
- schedule (e.g., Is student available to TA when the course/lab is scheduled?)

Assignment: Students funded by assistantships are given work assignments on a semester-by-semester basis. These are teaching assistantship (TA) and/or research assistantship (RA). These assignments are made based on the department's needs, along with faculty input.

Eligibility: Students must be on campus during their assistantships. Students are eligible for 5 working days of absence per semester (graduate student equivalent to vacation time) and 13.5 days (about 2 weeks) of sick time (this sick time allotment is for the entire academic year) and includes time for personal or mental health).

<https://grad.uiowa.edu/funding/graduate-student-employment-standards/paid-leaves-and-holiday>

If absence becomes an issue for any reason, please talk to the DGS or Admin right away. To be eligible for an assistantship, the student must be a full-time student. Note that international students may have additional requirements. Students on conditional or probationary status cannot get assistantships or financial appointments. Continued funding is also dependent on satisfactory performance of teaching, research, and other assigned activities.

Expectations: Assistantship is half-time (50%), offered each Fall and Spring semester. A half-time assistantship has an expectation of 20 hours/week during the semesters but could be split across different courses or responsibilities. This commitment is in addition to other commitments such as registered credits, courses, and clinical assignments. *The term of each semester assistantship appointment begins three full working days prior to the start of semester classes and concludes on the Tuesday after the Friday of final week.*

Payments: Stipend payments are typically received by the student on the first day of each month, beginning on September 1 for fall appointments and February 1 for spring appointments. Students must complete a direct deposit form to have their check automatically deposited. If an appointment includes the payment of tuition, such payment is credited directly to the student's tuition bill. Students may be eligible for resident status and in-state tuition depending on the source of their funding.

A student who completes the MS or AuD degree, but who then decides to continue in a PhD program is considered a "new" applicant as far as decisions relative to financial assistance are made and will be evaluated on a competitive basis with all other PhD students. Please refer to the PhD program for information on funding PhD students.

1.2.4.2.2 Student Travel

The department may provide limited support for student travel. Requests for travel funding should be made to the Department of Administrator in writing. Priority is given to students who are to present a paper or are otherwise on the program of a conference or meeting. The process for requesting these funds is provided at the beginning of the academic year.

1.2.4.2.3 Funding for student research

The department considers the funding of student research projects to be a high priority. For graduate students working on research projects towards a MS Thesis or AuD Capstone, graduate students can work with their thesis mentor or capstone advisor to request research funding. The process to request the funds and the amounts that may be requested is provided at the beginning of the academic year.

1.2.4.2.4 Graduate Student Senate Funding

GSS provides travel funding assistance to graduate students who present their research at conferences, meetings, symposia, and similar professional or academic gatherings. More details can be found here: <https://gss.grad.uiowa.edu/funding/gss-travel-funds>.

1.2.4.3 Student Organizations

1.2.4.3.1 The University of Iowa NSSLHA Chapter

The National Student Speech Language and Hearing Association (<http://www.nsslha.org/>) is the ASHA organization for students interested in human communication sciences and disorders.

The University of Iowa Chapter of NSSLHA was chartered in 1984 and assumed the duties and responsibilities of former department student associations. NSSLHA serves as the primary vehicle for representing student opinion and organizing social and professional student events.

The University of Iowa NSSLHA Chapter abides by national association bylaws but operates autonomously on a local level. National and local membership are both open to undergraduate, master, and AuD students. Although encouraged, national association membership is not required for students to participate in local chapter functions.

Each year, elections are held in which NSSLHA officers and committee representatives are chosen for the following year. NSSLHA officers determine policy regarding local membership dues and the organization and implementation of events for that calendar year. NSSLHA members can attend regular meetings and learn, serve, and get together with their peers.

1.2.4.3.2 The University of Iowa SAA Chapter

The Student Academy of Audiology (<https://saa.audiology.org/>) is the national student organization of the American Academy of Audiology that serves as a collective voice for audiology students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology, and provides services, information, education, representation and advocacy for the profession and the public we serve. The University of Iowa's SAA chapter holds regular meetings and students hold elective offices within the organization, such as president, vice president, and so on.

1.3 Clinical Programs Expectations

Both programs are designed to prepare students to be licensed and certified clinicians who have a broad base of knowledge, skills, and attributes enabling them to work with various populations in a variety of settings. New students in the clinical programs in audiology and speech-language pathology participate in an orientation to clinical work which takes place in the week prior to the start of the students' first fall semester in the

program. Topics of the orientation include readiness for clinic, policies regarding the clinic schedule, student success document, background check and compliances, code of ethics and beginning expectations for student clinicians, review of the clinic's nondiscrimination policy, clinic dress code, social media policy, as well as clinical learning and tracking progress. Specifics are provided below.

1.3.1 Beginning Expectations for Graduate Student Clinicians

Each student has unique life experiences that they each bring to their graduate program. Sharing information about our department and clinic culture and expectations is a way to increase student success. Our culture is focused on collaboration, highest levels of evidence-based practice, and client/patient/family centered care. To be an effective clinician, students gather knowledge, skills, and attributes during graduate school. Expectations of students in clinical endeavors are:

- **Commitment to Learning:** Self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding; genuine interest in the clinic and your clients. This includes willingness to accept **constructive criticism** and **flexibility** in the learning process to develop skills.
- **Critical Thinking:** Question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions, and hidden assumptions; distinguish relevant from irrelevant.
- **Interpersonal Skills:** To interact effectively with patients, families, colleagues, other health care professionals, and the community; work collaboratively with people who may have differing backgrounds and identities.
- **Communication Skills:** Communicate effectively (body language, reading, writing, listening) for varied audiences and purposes.
- **Problem-Solving:** Recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
- **Patient confidentiality:** Students must comply with rules of patient confidentiality, HIPAA privacy laws, and refrain from discussing cases in any non-clinical environment.
- **Reliability and dependability:** Plan and complete clinic related tasks in a timely manner. For example, complete documentation within 1-2 working days of appointments, take initiative in planning client/patient care, and be knowledgeable of your clients'/patients' history prior to meeting with your clinical educator.
- **Professional Identity as a clinician is consistent with policies of varied clinical environments and their patients/clients in dress, personal hygiene, communication style, demeanor, and attitude.**
- **Universal precautions:** Although universal precautions were originally intended for doctors, nurses, patients, and health care support workers who were required to encounter patients or bodily fluids, these also apply to speech-language pathologists and audiologists. Ensure that you know these universal precautions and use them consistently.
- **Commitment to culturally responsive practice:** Openness to work with clients/patients and colleagues of a variety of cultural identities, including race, ethnicity, gender, SES, religious, disability, veteran status, age, immigration status and a willingness to self-reflect and learn about yourself and how this relates to developing a strong client-clinician alliance.

1.3.2 UIOWA Student Success Document

This document describes department and campus-wide resources that are available to support student success in our graduate clinical training programs and outlines the core functions routinely performed by

practicing speech-language pathologists (SLPs) and audiologists (AuDs) in a variety of settings. Core functions, as distinguished from academic standards, refer to the cognitive, physical, and behavioral abilities, as well as attributes, which are necessary for satisfactory completion of all aspects of the curriculum.

All students entering the clinical programs are required to read this document and consider their potential to achieve the core functions described. Students who anticipate difficulty performing these functions in either classroom or clinical settings are encouraged to seek out the necessary departmental and/or campus resources (including the Director of Clinical Programs or the Director of Graduate Studies) to ensure their success in the training programs. Each student will be asked to sign up for the Supporting Student Success in the UI CSD Programs document at the time of their initial registration in the program.

1.3.2.1 Dissemination

Students accepted to the professional audiology and speech-language pathology programs will be sent to the UIOWA CSD student success document as part of the prospective student packet distributed prior to the start of graduate school. They will indicate receipt and understanding of the document by signing and returning the form. This document is also reviewed by students and their clinical educators throughout the students' time in the programs.

1.3.2.2 Procedure for students who do not meet one or more of the core functions.

Clinical educators review the Student Success document and how it relates to individual students at the beginning of the training program and during mid-term and final reviews. If a clinical educator identifies any core function not being met by a given student, the student's clinical educator will meet with the student to discuss the issue. During this meeting, the clinical educator will describe the area of need, explain why the core function is needed, and answer the students' questions to ensure that they understand the expectations. The clinical educator and student will develop and document a plan which:

- states which core function is not being met and how that was measured.
- specifically describes what is required to demonstrate that core function.
- identify any specific barriers and develop concrete steps to address them.
- utilizes input from others (i.e., other clinical educators, Director of Clinical Programs, the students' academic advisor, CSD Department Chair, UI Student Disabilities Services, UI General Counsel).
- is placed in the student's record.

Successful completion of the plan allows the student to continue in the program.

1.3.3 Background check and compliances

A background check and compliances are required for healthcare students to work in any University clinic. This list of compliances and information regarding the process for background check will be sent to students by the Graduate Program Coordinator. Students should complete these requirements before classes start.

1.3.4 Codes of Ethics

The accredited programs in audiology and speech-language pathology adhere to the codes of ethics developed by ASHA (<https://www.asha.org/code-of-ethics/>) and by the American Academy of Audiology (<https://www.audiology.org/clinical-resources/code-of-ethics/>). All students will review the code in various classes and clinical experiences throughout the clinical program.

1.3.5 Other Policies

1.3.5.1 Dress code

Students should present themselves consistently with policies of varied clinical environments where they

interact with their patients/clients. This includes personal hygiene and dress. For example, at the University of Iowa Speech, Language, and Hearing Clinic, jeans or shorts may be allowed during some clinical experiences but must be approved by the clinical instructor. Slacks, Scrub bottoms, and Iowa/Iowa CSD T-shirts are permitted in most in-house clinic placements. At a medical setting like UIHC, closed-toed shoes are required. Some items (halter tops/cropped tops) may be among options that are not permitted as they do not provide the safe, supportive, and professional environment that our clients deserve. Students are encouraged to consider their jewelry, piercings, tattoos, shoes etc. as part of their entire presentation and ensure that this is in the best interest of the client/patient/family.

1.3.5.2 Social media use policy

Graduate student clinicians will not engage in professional interactions on social media as it relates to their clients/patients and education. Students should not connect with clients/patients or their families on social media during their graduate studies. There are situations in which friends and acquaintances on social media may become clients/patients in the clinic. In these circumstances, students should contact their clinical educators. For guidelines on ethical use of social media from ASHA, search ASHA for ethical use of social media.

1.3.5.3 Practicum policies

Requirements for practicum registrations are defined by the following principles:

- a. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour may vary *among different practicums*. This is due to inter- practicum differences in the amount and type of clinical experiences deemed necessary to provide adequate training in each area. For academic planning, students typically obtain about 15 client/patient contact hours per semester for hours of registration in a practicum in the fall and spring semester. However, this guideline should not be interpreted as an absolute requirement for any practicum.
- b. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour may also vary *among students enrolled in the same practicum*, since practicum instruction should be individualized in relation to the needs and goals of specific students.
- c. Some activities are required for clinical training, but they do not provide practicum hours for students.
- d. The Department of Communication Sciences and Disorders at the University of Iowa uses the Typhon System (web-based database) to track students' clinical experiences and contact hours. Training sessions are held each year for students new to the program.
- e. Clinical education is provided by individuals who hold their Certificate of Clinical Competence in either Audiology or Speech Language Pathology and are licensed by the state in which the clinical placement is located. Clinical educators must have at least nine months of full-time clinical experience and have completed at least two hours of professional development in clinical education/supervision.

1.3.5.3.1 Practicum enrollment by non-degree students

Graduate students on a non-degree status (special or professional improvement) are not guaranteed the opportunity to enroll for clinical practicum. Depending on the availability of clinical caseloads and on practicum enrollments of degree students during a given term, non- degree students may be allowed to register for clinical practicum if specifically approved by the Director of Clinical Programs and their faculty advisor, and the instructor of the practicum. Such approval will be given only in instances in which such enrollment will not affect the opportunities for practicum enrollment of students on graduate status.

Professional improvement students will be given priority over those on special status regarding such

practicum enrollments. The priority for clinical practicum assignments is those in the SLP and AuD programs. Though other students may also get assignments, there is a capacity.

The official student clinical education semester typically begins about one week prior to the start of classes and typically ends on the Friday of the week of final exams. It is expected that student clinicians will be available for clinical experience and related training during the full semester. The student clinical education calendar is published and updated yearly.

Students are required to be available through the end of finals week, when not taking examinations or carrying out teaching assistant or research assistant duties, to attend to the following:

- complete all clinic documentation.
- Conduct all necessary follow-up appointments.
- ensure that all equipment has been delivered to the client/patient (or arrangements made to do so during or after the break).

Extenuating circumstances resulting in a student not being available for clinical assignments during any of these times must be approved by the Director of Clinical Programs.

1.3.6 Student Support and Accommodations

The UI is committed to an educational experience that is accessible to all students. A student may request academic accommodation for a disability (such as motor, sensory, cognitive, mental health, or health-related conditions) by registering with the office of Student Disability Services (SDS). Students should arrange accommodation early each semester. The student is then responsible for discussing specific accommodation with the instructor. More information is at <https://sds.studentlife.uiowa.edu/>.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the CSD program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution. Determining appropriate and reasonable accommodation is an interactive and collaborative process involving the student, the CSD program, the SDS and the General Counsel Office re: ADA compliance. ☐

2 THE DOCTOR OF AUDIOLOGY, AuD PROGRAM

2.1 Accreditation, Certification & Licensure

The Doctor of Audiology, AuD program at the University of Iowa is accredited by the Council on Academic Accreditation (CAA). Graduates of this program meet all the requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa. This program of study provides training that will allow students to function as an audiologist in any clinical environment.

The Praxis examination is not a requirement of the AuD program and is not required for graduation. Nevertheless, it is recommended that students take the Praxis examination prior to graduation. Passing the Praxis examination is a requirement for ASHA certification. Further, passing the Praxis exam may also be a requirement for 4th year outplacements if required by the placement or for temporary licensure.

2.2 Coursework for the AuD Program

Prerequisite undergraduate coursework required for admission to the AuD program can be viewed under the “Required Undergraduate Coursework” heading at <https://csd.uiowa.edu/graduate/doctor-of-audiology> .

A minimum of 89 semester hours is required for the Doctor of Audiology (AuD) degree. The specific course requirements for the AuD program can be found at <https://catalog.registrar.uiowa.edu/liberal-arts->

2.3 Clinic Placement and Progression

2.3.1 Orientation to clinical practice

All first year AuD students are expected to start working with clients/patients in the Audiology Clinic during their first semester in the AuD program. During that first semester of the AuD program, all students are required to participate in an “orientation to audiology clinical practice” course.

2.3.2 The University of Iowa Speech, Language, and Hearing Clinic – Audiology clinic

Typically, the first three to four semesters of the AuD program, including summer sessions, clinical training takes place in the in-house or other local clinics. Clinical experiences focus on developing students as professional hearing health care providers for individuals across the lifespan and include general diagnostics including electrophysiological testing, aural (re)habilitation services including hearing aid and cochlear implant services, tinnitus assessment and management, hearing loss and tinnitus prevention services, and clinic management.

2.3.3 UISAFE ('Sound Awareness for Everyone') program

All clinical program students must participate in UISAFE from the spring semester of their second year through the spring semester of their third year. UISAFE is an outreach program which provides healthy hearing education and hearing screenings for the university, the local community, and at the county and state level. UISAFE partners with the University of Iowa School of Music, the College of Education, The Department of Public Safety, and the Recreation Department to provide healthy hearing educational outreach. UISAFE works with local schools, businesses, and community groups to provide hands-on healthy hearing presentations. In addition, UISAFE provides hearing and speech language screenings for local preschools. As a member of UISAFE, AuD students are required to assist with organizing and implementing hearing loss prevention and identification activities in the community.

2.3.4 Audiology clinic management

Students in the clinical AuD program participate in audiology clinic management. This experience helps individual students learn to manage and participate in clinic operations and business aspects of running an audiology clinic, including organizing, and maintaining supply inventory and equipment, safety and health precautions, compliance, billing, coding, and reimbursement, marketing, as well as professional, ethical, and legal issues.

2.3.5 'Communication Explorers' preschool

Communication Explorers Preschool is a summer preschool program for children with hearing loss housed at The University of Iowa Speech, Language, and Hearing Clinic. The program's goal is to foster communication skills development in preschool children who are deaf or have hard of hearing. Preschoolers participate in a combination of group and individual therapy sessions. Audiology student clinicians work with speech-language pathology student clinicians to provide care. Audiology students can participate in this program to complete their pediatric aural habilitation competencies during their first and/or second year of the program.

2.3.6 Adult aural rehabilitation services

Adult rehabilitative services are provided through The University of Iowa Speech, Language, and Hearing Clinic. Individuals who recently have been fitted with new amplification, or those who seek further information after using their devices for an extended period, and their families/friends are targeted for

services. Students may provide these services in our clinic or in the community at locations such as assisted living facilities or the Iowa City Senior Center.

2.3.7 Clinical placements in the local community

Most of the students' second and third years in the program are in various local area settings. At these placements they develop skills in a variety of clinical areas including general diagnostics, auditory brainstem responses testing, otoacoustic emission testing, hearing aids, cochlear implants, tinnitus assessment and management, vestibular assessment and management, and educational audiology.

Opportunities provide experiences to work with individuals across the lifespan with diverse backgrounds and those with varying abilities.

2.3.8 Fourth-year externship

During the final year in the clinical AuD program, students are hired as a 4th year extern on a full-time basis at an external site. Our program has established relationships with many excellent sites across the U.S. Fourth year placements are competitive with the application process taking place the beginning of the third year in the program. Students work with the AuD Externship coordinator throughout the application process to ensure that an appropriate site for clinical development and appropriate clinical instruction is found. Some 4th year externship sites require temporary licensure to practice in their state. Each state has different requirements. Specific information, including licensure application requirements, is available on the ASHA website. Fourth year externs continue as a student in the department and register for the required 4th year courses during their externship. The Director of Clinical Programs in Audiology monitors the student's progress toward graduation during their 4th year externship through monthly communications with the student and at least quarterly communications with preceptors.

2.4 Assessment Procedures for Audiology Students

The American Speech-Language-Hearing Association (ASHA) has established professional competencies students must master to be eligible for clinical certification in audiology. Refer to sections 2.4 and 2.6 for further information on competencies. These competencies are outlined in a Knowledge and Skills Acquisition (KASA) form. Part of that form focuses on the coursework students must receive. The other part focuses on the clinical training component.

2.4.1 Assessing didactic progress for audiology students

For academic coursework, instructors will assign a letter of grade to each student based on the student's academic performance in the class. These letter grades are given numerical values on a 4-point scale. Successful completion of the AuD program requires that each student maintain a cumulative graduate GPA of 3.0 (grade of B) or higher.

Students who earn a grade lower than a B- for any of the individual courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that they master the material required for clinical practice as outlined on the didactic portion of the KASA form. That plan may include retaking part- or all a course during another semester, and as a result may prolong the time required for completion of the degree. Successful completion of the intervention plan will **not** result in a change in the grade earned by the students when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirement will have one semester to raise their overall GPA above the minimum level. If unable to do so, they will not be allowed to continue in the program.

2.4.2 Assessing clinical performance for audiology student clinicians

At the start of the graduate program, AuD students are provided access to the *UI AuD Eval of Student by Clinical Instructor* (see Appendix B) which defines the clinical competencies required for graduation and the period in which clinical competencies should be acquired. At the end of each semester, clinical educators review each student's progress toward attaining the skill set necessary to function as a competent audiologist. Progress is documented on the evaluation form, which is stored in the Typhon database.

A grade of either 'Satisfactory' or 'Unsatisfactory' will be assigned based on the progress the student has made toward meeting the competencies outlined for the clinical rotations in which the student participated in that semester. Details related to how students are evaluated, graded, and (if necessary) remediated in terms of their performance of the clinical skills necessary to function as an audiologist are described below.

2.4.3 Grading

2.4.3.1 Satisfactory Grade

This designation indicates that the student has demonstrated solidly competent performance appropriate for their academic background and clinical experience level as outlined in the *UI AuD Eval of Student by Clinical Instructor form* and is also available in the online clinical education tracking system Typhon. The requirements to earn a 'Satisfactory' grade increase during the graduate program, with increasing independence and skills over time. Some of the knowledge, skills, and attributes required for a 'Satisfactory' grade may include:

- The student clinician functions effectively, with some supervisory assistance, in planning appointments, during diagnostic and treatment sessions, and in follow-through clinical services.
- The student is effective in the application of background/academic knowledge to the clinical process.
- The student is familiar with the patient's history and/or current medical record and with diagnostic or therapeutic materials and procedures prior to each clinical session.
- Documentation is timely, thorough, complete, and requires only minor revisions.
- The student demonstrates substantial growth and changes toward professional independence.
- The student recognizes clinical strengths and areas where improvement is needed and can generate ideas on how to implement change.
- It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision.
- The student clinician develops attributes (e.g., flexibility, problem solving, clinical decision making, active listening, counseling, ability to respond appropriately to patient including their nonverbal communication, etc.) that facilitate the delivery of patient/family-centered services.
- The student passes all clinical checkpoints which are implemented during each semester of the first and second year of the program.
- Typhon hours must be entered within one week of the appointment to receive a passing grade.

2.4.3.2 Unsatisfactory Grade

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the *UI AuD Eval of Student by Clinical Instructor*. Some of the missing knowledge, skills, and attributes that can result in an 'Unsatisfactory' grade can include:

- The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process in planning appointments, during the diagnostic and treatment sessions, and in follow-through clinical services.
- The student does not apply background/academic knowledge to the clinical process.

- The student is not consistently familiar with or does not integrate the patient's history and/or current medical record information with diagnostic or treatment materials and procedures before each clinical session.
- Documentation is not consistently timely, informative, thorough, or complete. It requires substantial revisions in both professional language and content.
- The student needs more than usual supervision and direction relative to academic background and clinical experience as outlined on the *UI AuD Eval of Student by Clinical Instructor*.
- The student may recognize only some areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar patients.
- One or more clinical competencies are below the level expected for the student's clinical experience.
- Students do not exhibit attributes (e.g., flexibility, problem solving, clinical decision making, ability to respond appropriately to clients including their nonverbal communication, active listening, counseling etc.) that facilitate the delivery of patient-centered care.
- The student does not pass one or more clinical checkpoints during their program.
- Typhon hours must be entered within one week of the appointment to receive a passing grade. If hours are not entered within one week following the appointment, clinical instructors can give the student a warning. After three warnings due to failing to submit hours in a timely manner, students will not receive a passing grade for the clinical placement.

2.5 Support plans for AuD Students

2.5.1 Clinical Action Plan (CAP)

A Clinical Action Plan (CAP) is required for students who have not made sufficient progress toward meeting their competencies during a clinical practicum experience. Determination of the need for a CAP will be made by the student's clinical educator and the Director of Clinical Programs - Audiology. Other clinical educators may be consulted.

The CAP will be put in place immediately following the midterm of the semester in which the student is not making sufficient progress. The CAP identifies areas in need of improvement and includes specific goals which describe behaviors that need to be demonstrated for successful completion of the clinical rotation.

CAPs are written by the clinical educator working with the student showing progress limits. The student's clinical educator will review the CAP with the student after which the student will sign the CAP indicating that the CAP was reviewed, the student was provided a copy, and had the opportunity to ask questions regarding the CAP. The Director of Clinical Programs may be involved in the review of the CAP. If the student chooses not to sign the CAP, clinic activities will be terminated, and an 'Unsatisfactory' grade given for the term. Other clinical educators, including the Director of Clinical Programs, may assist the primary educator by providing additional supervision during the remainder of the semester. The student will carry a typical clinical caseload and academic registration while a CAP is in place.

If goals are not met and sufficient progress is not made toward competencies by the deadline specified in the CAP, the student will receive an 'Unsatisfactory' grade. A student who receives a grade of 'Unsatisfactory' will not receive clinical clock hours toward ASHA or AAA certification, or UI credit hours toward graduation for that clinical assignment. The student will be placed on clinical probation if this is the first 'Unsatisfactory' grade received for a clinical placement.

2.5.2 Clinical probation

If a student earns an 'Unsatisfactory' grade in Clinical Rotations in Audiology (CSD:5315), Advanced

Outplacement Clinic (CSD: 5415) or Advanced Externship in Audiology (CSD:6316), the student is placed on clinical probation, and a Clinical Intervention Plan (CIP) is established (see below). Withdrawal from a course due to poor clinical performance will be considered equivalent to an 'Unsatisfactory' grade. If a student achieves the goals on the CIP the following semester and receives a grade of 'Satisfactory,' the student will be removed from clinical probation.

The student must earn a 'Satisfactory' grade in CSD:5315, CSD: 5415, or CSD:6316 the following semester to continue in the clinical program. An 'Unsatisfactory' grade may result in an extension of the student's program.

2.5.3 Clinical Intervention Plan (CIP)

The Clinical Intervention Plan (CIP) is for students who have not made sufficient progress toward meeting clinical competencies and have been placed on clinical probation.

Determination of the need for a CIP will be made by the clinical educator and the Director of Clinical Programs - Audiology. The CIP will be put in place immediately following the semester in which a student earned a 'Unsatisfactory' or 'Incomplete' for their clinical assignment. The CIP identifies areas needing improvement and includes specific goals describing behaviors that must be demonstrated for successful completion of the clinical rotation.

CIPs are written by the clinical educator who worked with the student during the semester in which the student earned the 'Unsatisfactory' grade. The student's clinical educator will review the CIP. The student will sign the CIP indicating that the CIP was reviewed, and that the student was provided with a copy and had the opportunity to ask questions regarding the CIP. The Director of Clinical Programs, Audiology, and the clinical educator working with the student when the intervention plan is in place will review the CIP. If the student does not sign the CIP, clinic activities will be terminated.

The student will carry a typical clinical caseload and academic registration when a CIP is in place. If goals are not met and sufficient progress is not made toward competencies as described in the CIP, the student will receive an 'Unsatisfactory' grade. A student who receives a grade of 'Unsatisfactory' will not receive clinical clock hours toward ASHA or AAA certification or UI credit hours toward graduation for that clinical assignment.

Two 'Unsatisfactory' grades in a student's program will result in dismissal from the Clinical AuD program. An 'Unsatisfactory' grade in the semester prior to the student's fourth year externship may result in a decision to cancel or postpone that placement. An 'Unsatisfactory' grade in the final semester of the fourth-year externship will impact graduation.

Should a student not meet a clinical competency related to ethics, an intervention plan will be implemented to assist the student in meeting this competency. The plan may include the following strategies:

- Discussion of the problem, assessment of legal and ethical issues, determination of who is affected; identification of options, reflection (Hamill & Friedland, 2004).
- ethical bracketing (Kocet & Herlihy, 2014) to assist the student in self-reflection.
- addressing value-based conflicts using the decision-making model (Kocet & Herlihy, 2014).
- Guided clinical observations.
- paired intervention with clinical educator or another graduate student clinician.

2.6 Formative and summative assessment of AuD students

2.6.1 Formative assessments

- Clinical Checkpoints each semester during the first and second years.

- Review of clinical competencies at the end of each clinical experience.

2.6.2 Summative assessments

- Review of clinical competencies at the end of the third year.
- Qualifying exams during the first and second years.
- Completing all Capstone requirements.

All AuD students must pass a qualifying examination at the end of each of the first two years of their study toward the AuD. A passing score on this examination is 80%. The purpose of this examination is to ensure that the student is making appropriate progress through the program and retains the knowledge acquired in previous years. The qualifying exam assesses students on the coursework and clinical material they have covered up to that point in their program (i.e., first-year students are tested only on first-year content; second-year students are tested on material from both the first and second years). Students who score below 80% on either examination must work with the AuD faculty members who oversee administering the Qualifying Exams and request an opportunity to repeat the qualifying exam. This request must be submitted before the student can enroll in their next semester of coursework.

If a request to repeat the qualifying exam is received, the AuD faculty member in charge of qualifying exams will specify the date by which the repeat exam must be completed. In accordance with the regulations of the Graduate College, this re-examination may occur no sooner than the beginning of the following term. Students can retake the qualifying exam only once. A second failure will result in dismissal from the AuD program.

2.6.3 Clinical competencies

All AuD students must demonstrate the clinical competencies described in the current ASHA CAA and CFCC standards to graduate. At the end of each clinical experience, the clinical competencies expected for the student's level of experience and those achieved by the student are reviewed by the student's clinical instructor. The Director of Clinical Programs, Audiology monitors students' progress towards obtaining competencies each semester and can adjust clinical assignments based on progress.

2.6.4 Capstone Project

AuD students are not required to complete a Comprehensive written Examination at the end of their academic program (see <https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees>). Instead, all students enrolled in the AuD program are expected to successfully complete a "Capstone Project" prior to graduation. A major goal of the AuD program is to produce well-rounded students ready to take their place as leaders in the profession of audiology. The capstone project plays a significant role in this process by helping students experience the scientific underpinnings of evidence-based practice in our profession. The capstone project is intended to help students understand the process of asking questions, collecting data, evaluating evidence, and disseminating findings. The capstone project also fulfills the summative assessment requirements of the graduate college.

2.6.4.1 Successful Capstone Completion

"Successful Completion" means that A) the student has satisfactorily completed all requirements described below and B) that completion has been verified by the Capstone Mentor to the Capstone Advisor.

Deadline. All students enrolled in the AuD program must successfully complete a Capstone Project prior to graduation, specifically by **February 1 of the spring semester in which the student will graduate**. For example, if a student is planning to graduate in May of a particular year, the student's capstone must be successfully completed by February 1 of that year. If the capstone is not officially completed by this date, the student will

earn an “Incomplete” grade for the CSD:6312 Professional Issues in Audiology II and Capstone course and postpone official graduation until the next University graduation date following completion of the capstone. If a student fails to complete the capstone requirements by February 1 of the year the student is scheduled graduate, the following remediation plan will be put into effect:

- The student will still present their Audiology Case Study at the Departmental Graduation.
- The student must register for 1 SH of Problems: Speech and Hearing Processes and Disorders with their capstone mentor during the summer following the May graduation date. (The 1 SH is also a requirement for Graduate College.)
- The students will continue working on their Capstone paper until it is done.
- Once the capstone requirements have been met, along with all other graduation requirements, including a grade change from “Incomplete” to ‘Satisfactory’ for the CSD:6312 Professional Issues in Audiology II and Capstone course, the CSD Department will notify the Graduate College. A Letter of Completion can be issued by the Graduate College, assuming the requirements are completed before the summer deadline.

Although the official completion date is February 1 of the spring semester in which the student expects to graduate, all students are ***STRONGLY encouraged to finish their capstone prior to leaving for their 4th year placement.***

2.6.4.2 Capstone Mentor

The Audiology program has a Capstone Advisor who will meet with the student throughout the first year of the program to help the student identify an area of interest and an appropriate capstone mentor to work with. Each student must select a Capstone Mentor who agrees to work with them on their project. The Capstone Mentor can be tenure track, clinical track, or instructional tract faculty, but must be a current audiology faculty member at the University of Iowa with a primary appointment in the Department of Communication Sciences and Disorders (CSD). If a student wishes to complete the capstone project with a mentor who does not have a primary appointment in CSD (e.g., researchers in the Department of Otolaryngology–Head and Neck Surgery at the hospital), special permission must be obtained from the Capstone Advisor.

For those students who apply for and are accepted to do a T35 Training Grant project, it should not be assumed that the project will count towards the capstone project since the Capstone Advisor needs to be an Iowa CSD audiology faculty. In all cases, special permission must be obtained from the CSD audiology faculty, and the Capstone Advisor before T35 conducted research can count towards the capstone project.

2.6.4.3 Capstone Topic

The capstone topic is chosen in collaboration with the Capstone Mentor. Students are welcome to produce their own topics and present them to their mentor for consideration. Based on areas of expertise, current workload, and other factors, a mentor may accept, propose modifications, or reject student capstone ideas. Students should NOT expect that they can do any project they wish for. Student-driven ideas will be developed and modified in consultation with the mentor. Some student ideas may be unfeasible given the amount of time, finance, and other resources available. Regardless of the specific topic, the capstone project should meet the goal of helping the student experience and understand the scientific underpinnings of evidence-based practice in audiology.

Students are not required to produce their own capstone project. If students do not have their own ideas, they should ask their mentor for ideas that they may use for their capstone. Capstone projects may stand alone, or they may be part of a larger project. However, even if projects are closely related, every student

must have their own project; the capstone project is not intended to be a group project.

2.6.4.4 Project Type

The capstone project must be one of the following types: A) Traditional data-driven research project, B) Data-driven clinical project (such as setting up a hearing conservation program in the schools), C) A critical review of the published literature addressing a specific clinical topic. Type A (traditional data-driven) may include all or part of the standard research process. For example, one project might focus on data collection and basic analysis, while another project might use previously collected data and focus on advanced processing, analysis, and presentation.

Students should choose the project type in consultation with their primary mentor. If a project (options A or B) is desired, it is highly recommended that the project starts by the start of the fall of the student's 3rd year. Years of experience suggest that a meaningful project cannot be completed in a shorter period. If the project is not started by then, the student is encouraged to choose option C and do a literature review.

2.6.4.5 Capstone Paper

Regardless of capstone topic or type, all students must produce a written document describing their project. Students are encouraged to consult their primary mentor to determine the appropriate formatting and length of the paper. The capstone paper is not a thesis or dissertation, so the specific written requirements for the written paper will be determined by the mentor. Note that the deadline for FINAL paper approval is February 1 of the spring semester in which the student will graduate (as listed in Section 2.6.4.1 above).

2.7 Graduation Procedures

Shortly after the beginning of the final term of enrollment, the student, and their advisor or the DGS-AuD will meet to complete a Plan of Study Summary Sheet. The Director of Clinical Programs, Audiology and the DGS-AuD will document that each student has successfully met clinical and didactic competencies, as defined by the current ASHA, CFCC and CAA standards, as well as the number of clinical hours each student has successfully completed. This information will be used to document that the student is eligible for the Certificate of Clinical Competence in Audiology.

AuD degrees are awarded upon the favorable recommendation of the examining committee made up of Audiology faculty, approval of the Department Chair, and approval by the Graduate College.

To receive a degree in any given semester, the student must work with the GPC to have filed an Application for Graduate College Degree form for that semester. If they also wish to participate in commencement activities, they must register for it. The deadline for such filing is specified by the Registrar and is typically early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate time.*

For more information on how to apply for the degree and participate in commencement activities, see the following links:

- Degree application - <https://registrar.uiowa.edu/degree-application>
- Commencement - <https://commencement.uiowa.edu/>.

2.8 Combined AuD/PhD

2.8.1 *Application Procedure*

The University of Iowa also offers a combined AuD/PhD degree. For details about the PhD program, consult the Department of DGS and the PhD Program Graduate Handbook. Individuals wishing to pursue this degree

are required to apply initially to the AuD program and to discuss this option with their advisor. At the end of the second year of the AuD program, the students will submit their application materials to the Departmental PhD Admissions Committee. Admission to the PhD program depends on a) the student making adequate progress toward the AuD; b) the availability of a tenure or tenure track faculty member who has agreed to serve as the PhD advisor of the student; c) the availability of funding. If recommended by the PhD Admissions Committee and approved by the faculty, the student and their mentor will form a planning committee to help the candidate merge the two curricula efficiently.

2.8.2 Requirements

- For students with an undergraduate background in this field who wish to pursue work toward a combined AuD/PhD, it is estimated that completion of a combined AuD/PhD degree will take 7 years.
- Students, along with their planning committee members, will determine how the clinical practicum rotations will be interleaved with PhD coursework.
- If a sufficient project, the AuD Capstone project can be deemed sufficient by the student's PhD mentor and can serve as a pre-dissertation project for the PhD.

3 MASTERS IN SPEECH-LANGUAGE PATHOLOGY (MS-SLP)

3.1 Accreditation, Certification & Licensure

The MS-SLP program at the University of Iowa is accredited by the Council on Academic Accreditation. Graduates of this program meet all requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa. This program of study provides training that will allow students to function as speech language pathologists in any clinical environment.

Not specifically part of the program is the Praxis examination, which is required for ASHA certification. It is recommended that students take the Praxis examination prior to graduation.

3.2 Coursework for the MS-SLP Program

Prerequisite coursework required for the MS degree can be found at:

<https://csd.uiowa.edu/graduate/ms-speech-language-pathology>

The specific course requirements for the MS program can be found at listed at:

<https://catalog.registrar.uiowa.edu/liberal-arts-sciences/communication-sciences-disorders/speech-language-pathology-ms/>.

3.3 Thesis Option

All MS students can pursue an independent research project as part of their MS program. Students interested in completing a thesis should speak with their academic advisor about their interest. Students should ask faculty to identify a thesis mentor suitable for their interests. Thesis students will be required to take 4 credits of research (CSD:7590) over the course of their program, which will count as elective (menu) credits. Thus, students will only be required to take at least 2 (rather than 6) credits for other elective courses.

3.3.1 Eligibility guidelines and milestones for thesis track

To complete a thesis in the MS-SLP program at the University of Iowa, the student must identify a thesis mentor in the first fall semester and formalize the committee by the first spring semester. 1 This will ensure that the student has opportunities to take the required electives during the first summer and second fall semesters. The following parameters must be met at the end of each semester to remain on thesis track:

GPA – The student must maintain a minimum GPA of 3.5 in each semester of graduate school. This will be especially considered at the end of the first and second semester to make decisions regarding continuing the thesis track. The student must also receive an “S” for clinical practicum and meet all KASA competencies.

Remediations – In the first fall and spring semesters, the student has not completed a remediation in any class. The student has also not completed remediation for more than one assignment/assessment in their first fall and spring semester together. The student does not have an action plan or intervention plan related to their clinical education in the first fall and spring semesters.

Comprehensive Exams – Students on the thesis track are still required to complete all three formative comprehensive exams so that if the student does not stay on the thesis track, they are prepared for the final summative comprehensive exam. The student is required to make a good faith effort on these exams and meet with their advisor to review missed content.

Thesis Progress – The student and thesis mentor will create a plan for progress on the thesis with specific timelines. See below for tentative milestones to be discussed and planned with the mentor. Adhering to the agreed upon plan will ensure that any decisions regarding continuing the thesis track can be made by the end

of the first spring semester. Individual variations will be considered at the discretion of the thesis advisor and thesis committee.

All students interested in a thesis need to complete the MS-SLP thesis proposal form (appendix 4.5) with their mentor and this must be placed in MAUI

3.4 Clinic Placement and Progression for MS-SLP Students

Students complete a survey before the graduate program indicates their interest in clinical areas. The Director of Clinical Programs, SLP, will use this information to create progression for students through the clinical program.

Typically, clinical assignments progress as follows:

- Students will be assigned to one clinical educator in their first fall semester for 2 to 2.5 hours per week of clinical experience.
- During the spring semester of the first year, students will be placed on two clinical teams for about 4-6 hours of clinical experience.
- Students will be assigned to two new clinical educators in the summer. Summer programming may include camps as well.
- In the fall of their second year, students will be placed on one clinical team and/or will complete a mini outplacement.
- Students will complete their externships in their 2nd spring semester before graduation.

There may be options for extra clinical placements starting from the first spring semester, depending on availability and student interest. Based on insurance and CAA/CFCC regulations, sessions may be involved in face-to-face or online teletherapy services.

3.5 Assessment Procedures for MS-SLP Students

The American Speech Language and Hearing Association has established competencies students must demonstrate if they want to be eligible for clinical certification in Speech Pathology. These competencies are outlined in a Knowledge and Skills Acquisition (KASA) form. This form includes didactic and clinical competencies that must be developed.

3.5.1 Assessing didactic progress for MS-SLP students

For academic coursework, instructors for each class will assign a letter of grade to each student using a 4-point scale. Successful completion of the MS program requires that each student maintain a cumulative graduate GPA of 3.0 or higher. Students who earn a grade lower than a B- for any of the courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that the student demonstrates knowledge and skills as outlined on the didactic portion of the KASA form. That plan may include remediation, retaking part, or all a course during another semester, and as a result may prolong the time required for completion of the degree. Successful completion of this additional requirement will *not* result in a change in the grade earned by the students when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirements will have one semester to raise their overall GPA above the minimum level. If they cannot do so, they will not be allowed to continue in the program. Earning a grade below a B- during two semesters will also result in dismissal from the MS program.

3.5.1.1 Remediation in didactic classes

Assessments/Assignments: If a student earns lower than a B- (79.99% or below) for a specific assessment or assignment connected to a knowledge outcome (as identified in the syllabus), the student will need to remediate that specific item. If students receive a grade below a B- in a group assignment connected to a knowledge outcome, all students in the group will be required to complete a remediation plan. This remediation activity will be developed and evaluated by the instructor based on the specific knowledge or content that needs to be addressed. Ideally, single assignments should be remediated within 3-4 weeks of the end of the semester. However, in certain circumstances (between semester breaks, multiple assignments, etc.), the instructor and student can plan to ensure that the remediation plan is completed by the end of the next semester. Successful remediation of the required competency will not result in a change in the grade earned by the student when they originally completed the assessment or assignment.

Whole Courses: If a student earns a grade lower than a B- (79.99% or below) for any of the courses required for graduation, the student must work with the instructor to develop an individual remediation plan to ensure that the student demonstrates knowledge and skills as outlined on ASHA Knowledge and Skills (standard IV – knowledge outcomes). That plan is at the discretion of the instructor considering the scope of remediation needed, which may include remediation on assessments or assignments, retaking part of the course, or retaking the full course during another semester. Retaking part or all the courses may prolong the time required for completion of the degree. Successful remediation of the course will not result in a change in the grade earned by the student when they originally took the course.

Student responsibilities: If a student earns a grade lower than B- in an assignment/test or in the whole course, the student should initiate a discussion regarding the remediation process. If the student is not aware of their grade or does not contact the faculty member, the faculty will reach out to the student. It is the students' responsibility to ensure that they meet with the faculty members to understand the process of remediation and study or complete work for their remediation. Students are encouraged to use office hours to ensure that they understand the material. If the remediation plan extends to the following semester, the faculty member may be less available. Options for support after the original course is completed should be discussed in advance.

Faculty teaching a didactic class will track student grades and notes when students need remediation. The syllabus will provide information regarding competencies that are connected to tests or assignments. If a student requires remediation and does not contact the faculty member, the faculty member will reach out to the student to set up a meeting. Based on the knowledge areas that need to be remediated and the type of test or assignment that was given, the faculty member will determine the details of the remediation plan. For example, if the competency to be remediated is related to foundational knowledge of anatomy and physiology, the student may complete a test. If the competency is related to intervention, the student may be asked to respond to a case of presentation. Faculty members can use office hours to support student learning.

Documentation: Documentation of remediation and completion should be shared with the students' advisor who can enter this information in MAUI.

3.5.2 Assessing clinical progress for MS-SLP students

During clinical teaching, feedback and opportunities for reflection and self-evaluation are provided throughout the semester. At mid-term and at the end of each semester, clinical educators will provide evaluative feedback to the students regarding their progress toward attainment of skills necessary to function as a speech language pathologist. For each clinical rotation (including rotations in the in-house training clinic and at clinical externship sites) a grade of either 'Satisfactory' or 'Unsatisfactory' will be assigned based on the progress the student has made toward meeting the competencies outlined on the clinical portion of the KASA (see

Appendix C). Details relative to expectations for students including the process of evaluation, grading, and (if necessary) remediation for clinical skills necessary to function as a speech/language pathologist are described below.

3.5.3 Grading

Each student will receive 'Satisfactory' or 'Unsatisfactory' grades in all clinical practica, including in-house and external assignments. Students will receive regular feedback, including evaluative feedback at mid-semester to ensure that they are aware of their progress towards the required clinical skills. If there are concerns regarding student progress in clinical practicum, clinical educators will communicate with the Clinical Education Coordinator and academic advisors. A clinical action plan (see section 4.7.1) can be initiated at any time in the program to provide students with the support required for their success.

General procedures performed by the clinical educators:

- a) At the end of each semester, clinical educators will complete individual KASA forms for each student clinician on their team.
- b) Clinical educators will meet with each student clinician on their team to provide feedback on KASA competencies in their respective areas.
- c) Clinical educators, including the Clinical Education Coordinator, will meet collectively to determine a single final grade for each student's clinician. (The final meeting is typically scheduled for Monday of Finals Week.) Clinical instructors in external placements will give feedback to the Director of Clinical Programs, SLP, before this meeting.
- d) Letters from the Clinical Education Coordinator communicating with each student's clinician's grade (e.g., S or U) will be distributed to each student clinician during Finals Week.

If a student clinician receives an 'Unsatisfactory' evaluation, the student clinician will meet with the Director of Clinical Programs, SLP no later than 5:00 pm on Friday of Finals Week. The student's academic advisor may be involved in this meeting as well.

As mentioned above, all clinical educators who have supervised a student in each semester collectively determine one overall grade for that semester. Therefore, a student may receive an overall grade of 'Unsatisfactory' for the semester, even if the student has received 'Satisfactory' performance feedback in some clinical placements. Similarly, a student may receive an overall grade of 'Satisfactory' for the semester, even if the student has received 'Unsatisfactory' performance feedback from some clinical educators.

3.5.3.1 Satisfactory Grade

This designation indicates that the student has demonstrated solidly competent performance appropriate for their academic background and clinical experience level as outlined on the Knowledge and Skills Acquisition (KASA) form. The requirements to earn a 'Satisfactory' grade increase during the graduate program, with increasing independence and skills over time. Some of the knowledge, skills, and attributes required for a 'Satisfactory' grade may include:

- The student clinician can function effectively, with some supervisory assistance, in planning, evaluations, treatment, and related administration and recording.
- The student is effective in the application of background/academic knowledge to the clinical process.
- The student is familiar with the client's history and/or current file and with diagnostic or therapeutic materials and procedures prior to each clinical session.
- Paperwork is timely, complete, and thorough and requires only minor revisions.
- The student demonstrates the ability to develop a strong client-clinician alliance based on the clients.

lived life experiences.

- The student demonstrates substantial growth and changes toward independence, including self-reflection and self-evaluation skills.
- The student recognizes clinical strengths and areas where improvement is needed and can generate ideas on how to implement change.
- It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision. No KASA competencies are below the level expected for the student's clinical experience.
- The student clinician develops attributes (e.g., flexibility, problem solving, clinical decision making, ability to respond appropriately to clients including their nonverbal communication, active listening, counseling etc.) that facilitate the delivery of client-centered services.

3.5.3.2 Unsatisfactory Grade

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the KASA form. Some of the missing knowledge, skills, and attributes that can result in an 'Unsatisfactory' grade can include:

- The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process in planning, evaluations, treatment, and related administration and recording.
- The student does not apply background/academic knowledge to the clinical process.
- The student is not familiar with or does not integrate the client's history and/or current. File with diagnostic or therapeutic materials and procedures before each clinical session.
- Paperwork is not consistently timely, complete, and informative. Reports are not consistently timely and thorough and require substantial revisions in both professional language and content.
- The student struggles with forming a firm client-clinician alliance based on the client's lived life experiences.
- Students do not exhibit the self-reflection/self-evaluation skills required for planning and implementation of services.
- The student needs more than usual supervision and direction for academic background and clinical skills as outlined in the KASA form.
- The student may recognize only some of the areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar clients.
- One or more KASA competencies are below the level expected for the student's clinical experience.
- Students do not exhibit attributes (e.g., flexibility, problem solving, clinical decision making, ability to respond appropriately to clients including their nonverbal communication, active listening, counseling etc.) that facilitate the delivery of client-centered care.

An 'Unsatisfactory' grade will result in the student being placed on clinical probation and will result in an extension of the student's program. A student who receives a grade of 'Unsatisfactory' will not receive clinical clock hours, competencies or UI credit hours toward graduation and ASHA certification for that clinical assignment. Two overall 'Unsatisfactory' grades in a student's program will result in dismissal from the Clinical Master's program.

Exceptions may be made at the discretion of the Clinical Education Coordinator, in consultation with clinical educators, department chair, and/or student academic advisor.

An 'Unsatisfactory' grade in the semester prior to the student's externship semester may result in a decision

to cancel or postpone the student's externships. This decision will be made by the Director of Clinical Programs, SLP, in consultation with the clinical educators, department chair, and/or student's academic advisor.

3.6 Outplacements

Each student will complete two full-time outplacements/externships in the last semester(s) of their graduate program. These typically are 8 to 10 weeks (about 2 and a half months) in length and can be scheduled in any place of interest to students. Ideally, students will complete a pediatric and an adult placement, or a school and non-school placement based on their career interests. The Clinical Education Coordinator will meet with the students individually to plan these outplacements. Exceptions to the duration and timing of the outplacement can be made based on students' need to ensure student success and growth in the program.

Mini outplacements are community opportunities available in the Summer or 2nd year Fall semesters. These are discussed during the Foundations 2 class in the Spring of the first year. Mini outplacements occur in the local community and are for about half a day per week.

3.6.1 Grading

Like the in-house practicum grading, outplacement and mini-outplacement supervisors providing evaluative feedback using the KASA form (appendix C) shared with them. Students can receive a 'Satisfactory' or 'Unsatisfactory' grade for their outplacement. Like in-house practicum, students may receive feedback, including evaluative feedback during their outplacement. The Clinical Education Coordinator will contact the outplacement clinical educator regularly to discuss strategies for student success if any concerns arise. The final decision about the grade for outplacements is made by the clinical educators in the department. The outplacement grade provided is considered in this decision-making process.

If a student receives an 'Unsatisfactory' grade during their externship, the student will not receive clinical clock hours, or UI credit hours toward graduation and ASHA certification for that clinical assignment. Efforts to find other externships will be made if warranted.

3.7 Student support plans for MS-SLP students

3.7.1 Clinical Action Plan (CAP)

If a student demonstrates specific areas of concern, a Clinical Action Plan (CAP) will be developed. The CAP can be put in place at any time during the semester following a discussion between the relevant clinical educator(s), Clinical Education Coordinator, and the student. Determination of the need for a CAP will be made by the clinical educator supervising the student and the Clinical Education Coordinator. Other clinical faculty may be consulted. If a student demonstrates an area of weakness at the end of the semester, but receives an overall 'Satisfactory' grade, a CAP can be initiated for the following semester.

The CAP will identify areas of weakness, and specific goals will be written by the Clinical Education Coordinator, in collaboration with other clinical educators and the student. This document will be reviewed, discussed, and signed by the students supervising clinical educators, and Clinical Education Coordinator. A student's signature indicates that the information was shared; the action plan was understood and agreed upon. In addition, other clinical educators may assist the primary supervisors by providing additional supervision.

When possible, two clinical educators will supervise the student who has a CAP. If goals are not met and sufficient progress made toward competencies, the student will receive an 'Unsatisfactory' grade and be placed on clinical probation.

A CAP may be created during an externship by the supervising clinician, Clinical Education Coordinator, and the student. Similar procedures to those described above will be followed when possible. Any documented clinical accommodations will be considered in the development of a CAP, but are not included in the CAP.

3.7.2 Clinical Probation

A student can be placed on clinical probation if they receive an 'Unsatisfactory' grade for clinical practicum in any semester of their program. Once a student has been placed on clinic probation:

- The student will register for CSD:5301 Clinical Practicum and will carry a typical clinical caseload.
- Being placed on clinical probation will extend a student's program by at least one semester.
- A clinical intervention plan (CIP) will be developed for the students in collaboration with the students, clinical educators, and the Clinical Education Coordinator
- If a student achieves the goals on the CIP described below and receives a grade of 'Satisfactory,' the student will be removed from clinical probation. If the student does not achieve the CIP goals and does not receive a grade of 'Satisfactory,' the student will be dismissed from the MS-SLP program.
- If a student is placed on clinical probation for a 2nd time during their graduate program, they will be dismissed from the MS-SLP program.

3.7.3 Clinical Intervention Plan (CIP)

A Clinical Intervention Plan (CIP) will be created for a student if they have been placed on Clinical Probation OR if they have had multiple CAPs for the same area of concern. The CIP is like CAP in that it will identify areas of weakness, and specific goals will be written by the Clinical Education Coordinator in collaboration with the student and clinical educators. Other clinical faculty members may assist the primary supervisors by providing additional supervision. Like the CAP, this document will be reviewed, discussed, and signed by the students, supervising clinical educators, and Clinical Education Coordinator. A student's signature indicates that the information was shared; the intervention plan was understood and agreed upon. Any documented clinical accommodations will be considered in the development of a CIP, but the accommodations are not included in the CIP.

If possible, two clinical educators will work with the student who has a CIP, unless reducing the student's clinical load is part of the CIP. If CIP goals are not met and sufficient progress made toward competencies, the student will receive an 'Unsatisfactory' grade. If a student receives two "Unsatisfactory" grades, they will be dismissed.

3.7.4 Withdrawal from Clinical Practicum

A student may withdraw from a clinical registration following a conversation with their clinical educator, Clinical Education Coordinator, and/or academic advisor. Doing so will extend the graduate program by at least one semester to demonstrate competencies and obtain hours as required for ASHA certification. If a student needs to withdraw from clinic registration more than once, this may result in dismissal from the MS-SLP program. There are also graduate program guidelines for withdrawal from classes that will be considered.

3.8 Formative and summative assessment of MS-SLP students

MS-SLP students will complete three formative comprehensive assessments at the beginning of the first fall semester, first spring semester, and second fall semester, followed by a summative comprehensive assessment at the end of the second fall semester. These assessments are intended to support students' preparation for the Praxis examination and to monitor knowledge acquisition across the curriculum.

The formative comprehensive assessments are designed to support ongoing learning and preparation for the

summative comprehensive assessment. Each formative assessment will include questions drawn from prerequisite undergraduate coursework that students are expected to have completed, as well as content from all required MS-SLP courses. As a result, students may encounter questions related to material that have not yet been covered in their graduate coursework. This approach is intended to familiarize students with the breadth and format of the summative assessment and to promote long-term integration of knowledge across the curriculum.

Each assessment will be administered during a two-hour testing period. Students must remain for a minimum of 60 minutes before submitting the assessment. Students will receive their scores immediately upon completion of each assessment. Students who wish to review their performance in greater detail may schedule a meeting with their advisor to discuss strengths and areas for further study.

The summative comprehensive assessment will be administered at the conclusion of the second fall semester, prior to outplacement experiences. In extenuating circumstances, assessment timelines may be modified to accommodate individual plans of study. A passing score of 70% is required on the summative comprehensive assessment. If a student does not pass the exam, they will be required to retake it prior to beginning their outplacement, ideally before the conclusion of finals week.

Students completing a thesis are exempt from the summative comprehensive assessment but are required to take the three formative assessments. Thesis students are strongly encouraged to participate in summative comprehensive assessments, as this experience may provide additional preparation for the Praxis examination and facilitate self-assessment of professional knowledge.

3.9 Graduation Procedures

To receive a degree in any given semester, the student must have filed an Application for Graduate College Degree form for that semester. If they also wish to participate in commencement activities, they must register for commencement. The deadline for such filing is specified by the Registrar and is typically early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate time.*

For more information on how to apply for the degree and participate in commencement activities, see the following links:

- Degree application - <https://registrar.uiowa.edu/degree-application>
- Commencement - <https://commencement.uiowa.edu/>

4 APPENDICIES

4.1 Professional Standards

The Department of Communication Sciences and Disorders at the University of Iowa abides by the ASHA and AAA codes of ethics.

American Academy of Audiology (AAA) Code of Ethics

<https://www.audiology.org/publications-resources/document-library/code-ethics> (effective February 2018, revised April 2023)

American Speech-Language-Hearing Association (ASHA) Code of Ethics

<https://www.asha.org/Code-of-Ethics/> (effective March 1, 2016, revised March 1, 2023)

Council for Clinical Certification in audiology and speech-Language pathology (CFCC)

The CFCC is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are:

- To define the standards for clinical certification and to apply those standards in granting certification to individuals.
- to have final authority to withdraw certification in cases where certification has been granted based on inaccurate information; and
- To administer the certification maintenance program.

For Audiology, see: <https://www.asha.org/certification/2020-audiology-certification-standards/> (effective January 1, 2020, revised 2022)

For Speech-Language Pathology, see: [https://www.asha.org/Certification/2020-SLP- Certification-Standards/](https://www.asha.org/Certification/2020-SLP-Certification-Standards/) (effective January 1, 2020; revised 2022)

Council on Academic Accreditation (CAA) Standards

The CAA is a semi-autonomous body of ASHA, which establishes and enforces a set of standards for the voluntary accreditation of graduate education programs in audiology and in speech- language pathology, and reviews programs on a regular basis to ensure that standards are maintained. The CAA is recognized as an accrediting agency for audiology and speech-language pathology programs by the Council for Higher Education Accreditation and the U.S. Department of Education.

See: <https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>;

<https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>.

4.2 Appendix B: UIOWA CSD AuD Student Evaluation Form

4.2.1.1 2023 ASHA CAA Standard 3.1A and 2020 ASHA CFCC Standard II

CFCC competencies are embedded within the CAA competencies.

Use *Description of Student Clinical Competencies – 2023 ASHA CAA Standard and 2020 ASHA CFCC Standard II* as a reference when evaluating your student. If you have questions regarding the clinical skill requirements or how to evaluate your student, please contact the Director of Clinical Programs, AuD, at The University of Iowa, Department of Communication Sciences and Disorders.

Student:

Clinical Instructor:

Clinical Site:

Date:

Overall Student Performance:

Rate the students' overall performance as satisfactory or unsatisfactory based on the descriptions below.

Satisfactory – Student demonstrates expected skills in the area based on clinical experiences to date and is expected to be able to function as an effective, well-educated, and competent clinician in this area when the student begins independent practice as a professional in the field.

Unsatisfactory – Student does not demonstrate expected skills in this area based on clinical experiences to date and is not expected to be able to function as an effective, well-educated, and competent clinician in this area when the student begins independent practice as a professional in the field.

____ Satisfactory

____ Unsatisfactory

Use the following rating scale to answer the questions below.

1 = Strongly Disagree with the statement

2 = Disagree with the statement

3 = Neutral

4 = Agree with the statement

5 = Strongly Agree with the statement

____ The student successfully met the expectations of the placement during this review interval. ☐

____ The student demonstrated the knowledge and skill base necessary to succeed in the placement during this review interval, or, in the case of the final review of a 4th year extern, to begin professional practice in field.

____ The student demonstrated the ability to quickly learn and apply new clinical skills related to the placement during this review interval, or, in the case of the final review of a 4th year extern, necessary to begin practice in the field. ☐

____ The student demonstrated appropriate professionalism during this review interval, or, in the case of the final review of a 4th year extern, to begin practice in the field.

Please use the following rating scale to indicate how you would rank the student relative to others with the same similar experience.

(1= Poor; 2 = Below Average; 3 = Average; 4=Strong; 5 = Outstanding)

_____Knowledge Base

_____Clinical skills

_____Professionalism

Comments regarding the students' overall performance:

Comments including suggestions that we should consider to better prepare our students for a placement at your site:

To be completed by student:

_____ My initials indicate that I acknowledge I was fully briefed regarding this review of my performance. I provided access to my clinical instructor's feedback, and had my questions answered regarding the evaluation.

Clinical Skill Competency Ratings:

Please rate your student for clinical areas in which the student participated using the rating scale below. Leave areas that are not applicable blank.

Competency Ratings:

1. Competency absent - Student is unable to demonstrate skill. Modeling and repeated verbal/written instruction do not improve the skill.
2. Competency emerging - Student is unable to demonstrate skill without modeling and direct verbal instruction from the clinical instructor. Students do not independently recognize strengths and weaknesses but understand them if pointed out by clinical instructors. Modeling and direct verbal instruction results in an improvement of the skill.
3. Competency present - Student can demonstrate skill; however, skill needs further development. Clinical instructor monitoring is required except for routine cases. The clinical instructor is present most of the time to provide verbal guidance without modeling. A student independently recognizes strengths and weaknesses but requires input from the clinical instructor to make appropriate clinical decisions. Modeling and verbal/written instruction results in generalization of the skill.
4. Competency developed – Student demonstrates skill consistently. Monitoring the clinical instructor may be necessary sometimes, but only in difficult or uncommon cases. The student understands strengths and weaknesses to the extent that the student can use critical thinking to make appropriate clinical decisions and knows when to seek input from the clinical instructor.
5. Competency well developed – Student demonstrates skill consistently across patients and situations. Students use critical thinking to make clinical decisions and can articulate them to the clinical instructor who is used as a consultant.

PROFESSIONAL PRACTICE (Standard 3.1.1A)

The student demonstrated the following at the level indicated.

_____ Accountability

_____ Effective Communication Skills (A12)

_____ Evidence-Based Practice (A13)

_____ Professional Duty (A5, A6, A17)

Comments regarding professionalism:

PREVENTION AND IDENTIFICATION (Standard 3.1.3A)

The student demonstrated the following skills at the level indicated.

- ____ Screen for the **hearing loss** and its impact (B5, B6, B8, B9)
- ____ Screen for **tinnitus** and its impact
- ____ Screen for **speech/language disorders** and/or their impact (B5, B10, B11, B12, B13)
- ____ Screen for **cognitive disorders** and/or their impact (B10, B13)
- ____ Screen for **vestibular disorders** and/or their impact
- ____ Promote prevention of **hearing loss** and/or its impact (B1, B2, B3, B4)
- ____ Promote prevention of **tinnitus** and/or its impact (B1, B3)
- ____ Promote prevention of **speech/language disorders** and/or their impact.
- ____ Promote prevention of **vestibular disorders** and/or their impact (B1)
- ____ Participate in an occupational hearing conservation program (B4, B7)
- ____ Administer programs related to prevention and identification (B2, B4, B14)

Comments regarding prevention and identification:

ASSESSMENT OF THE STRUCTURE AND FUNCTION OF THE AUDITORY AND VESTIBULAR SYSTEMS AS WELL AS THE IMPACT OF ANY CHANGES TO SUCH SYSTEMS (Standards 3.1.4A)

The student demonstrated the following skills at the level indicated.

GENERAL (to be completed for clinical experiences involving **all** types of assessment)

- ____ Evaluate information from appropriate sources, obtain a case history and patient narrative (C1, C2, C3)
- ____ Administer appropriate assessment measures.
- ____ Determine contextual factors that may facilitate or impede an individual's participation in everyday life.
- ____ Document evaluation procedures and results appropriately.
- ____ Interpret results appropriately (C4, C10)
- ____ Generate appropriate recommendations and referrals.
- ____ Provide counseling to facilitate understanding of the disorder.
- ____ Maintain records in a manner consistent with legal and professional standards.
- ____ Effectively communicate results and recommendations orally and in writing
- ____ Assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s)
- ____ Engage in interprofessional practice to facilitate optimal assessment of the individual being served.

HEARING (to be completed for clinical experiences involving assessment of hearing)

- ____ Perform an otoscopic examination.
- ____ Cerumen management, when appropriate

Behavioral/Psychophysical Measures

- _____ Puretone air and bone conduction (C8)
- _____ Masking
- _____ Conditioned play audiometry
- _____ VRA
- _____ Speech audiometry (C9)
- _____ Tests for nonorganic hearing loss (C13)
- _____ Assessment of tolerance to determine presence of hyperacusis (C6)
- _____ Central auditory processing testing (C15)
- _____ Assessment of challenges listeners face in real world
- _____ Self-assessment measures of communication
- _____ Scales of communication function for communication partners

Immittance (C7)

- _____ Tympanometry
- _____ Acoustic reflex thresholds and decay
- _____ Eustachian tube function

Physiological and Electrophysiological Measures (C11)

- _____ Otoacoustic emissions (C12)
- _____ Electrocochleography
- _____ Auditory brainstem response for frequency specific air and bone conduction thresholds
- _____ Auditory brainstem response for neural diagnostic purposes with click stimuli.

TINNITUS (to be completed for clinical experiences involving assessment of tinnitus)

- _____ Perform assessment to characterize tinnitus, including severity (C5)
- _____ Assess the impact of tinnitus on patient's activities of daily living and quality of life (C5)

VESTIBULAR (to be completed for clinical experiences involving assessment of vestibular disorders)

- _____ Perform balance system assessment and determine the need for balance rehabilitation (C14)
- _____ Electronystagmography (ENG)/Videonystagmography (VNG)
- _____ Ocular vestibular-evoked myogenic potential (oVEMP)
- _____ Cervical vestibular evoked myogenic potential (cVEMP)

Comments regarding assessment:

INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE AUDITORY AND VESTIBULAR SYSTEMS ON AN INDIVIDUAL'S ABILITY TO PARTICIPATE IN THEIR ENVIRONMENT (Standard 3.1.5A)

The student demonstrated the following skills at the level indicated.

GENERAL *(to be completed for clinical experiences involving **all** types of intervention)*

- ____ Develop and implement appropriate, individualized treatment plans (E1, E2, E6, E7)
- ____ Counsel individuals served, families, and other appropriate individuals regarding treatment options/prognosis (D1, D2, D3, D4, D5, D6, D7, D8, D9)
- ____ Assess efficacy of interventions, monitor and summarize treatment progress and outcomes (E28)
- ____ Communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner (E3)
- ____ Document treatment procedures/results and maintain records in a manner consistent with legal/professional standards.
- ____ Serve as an advocate for individuals served, their families, and other appropriate individuals.

HEARING *(to be completed for clinical experiences involving intervention for hearing disorders)*

- ____ Conduct audiologic (re)habilitation to maximize outcomes.
- ____ Provide communication training (e.g., speechreading, auditory training, communication strategies) to enhance receptive communication (E21)
- ____ Provide assessment of communication partners' (family members, coworkers, others) perception. of/reactions to communication difficulties and effects on relationships. (E4, E5)
- ____ Identify effects of hearing problems and subsequent communication difficulties on interpersonal communication including impact on marital dyads, family dynamics, work relationships, etc. (E5)
- ____ Cerumen management

HEARING AIDS *(to be completed for clinical experiences involving intervention using hearing aids)*

- ____ Perform hearing aid/assistive listening device/sensory aid assessment, selection, and fitting (E8)
- ____ Define appropriate device parameters for the user (E9)
- ____ Verify that amplification devices are functioning appropriately (E10)
- ____ Conduct real-ear measurements and use patient input to set devices accurately (E11)
- ____ Incorporate soundfield functional gain testing when fitting osseointegrated and other implantable devices (E12)
- ____ Conduct individual and/or group hearing aid, assistive listening device, and sensory aid orientations (E13)
- ____ Use validation measures and patient input to ensure benefits are obtained.

HEARING ASSISTIVE TECHNOLOGY *(to be completed for clinical experiences involving intervention using hearing assistive technology)*

- ____ Identify the need for/fit appropriate hearing assistive technology systems (HATS) (E17)
- ____ Provide HATS for those requiring access in public, private and work settings (E18)

____ Ensure compatibility of HATS in real world environments and when used in conjunction with hearing aids, cochlear implants, or other devices (E19)

____ Provide services/make appropriate referral for use/installation of multi-user HATS (e.g., systems in theaters, churches, schools) (E20)

COCHLEAR IMPLANTS *(to be completed for clinical experiences involving intervention using cochlear implants)*

____ Identify individuals who are candidates for cochlear implantation and other implantable devices (E14)

____ Counsel cochlear implant candidates and their families regarding the benefits/limitations of cochlear implants (E15)

____ Provide programming, fitting adjustments, and post-fitting counseling for cochlear implant patients (E16)

PEDIATRICS *(to be completed for clinical experiences involving pediatric patients)*

(Re)habilitation

____ Select age/developmentally appropriate amplification devices and HATS (F5)

____ Provide intervention to ensure age/developmentally appropriate speech and language development (F8)

____ Administer self-assessment, parental, and educational assessments to monitor treatment benefit and outcome (F9)

Counseling and Education

____ Counsel parents facilitate their acceptance of adjustment to a child's diagnosis of hearing impairment (F1)

____ Counsel parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment (F2)

____ Educate parents regarding the potential effects of hearing impairment on speech-language, cognitive and social-emotional development, and functioning (F3)

____ Educate parents regarding communication mode options, educational laws, and rights (F4)

____ Instruct parents/children regarding the daily use, care, and maintenance of amplification devices and HATS (F6)

____ Plan and implement parent education/support programs (F7)

____ Counsel pediatric patients with hearing impairments (F11)

Educational support

____ Provide ongoing support for children by participating in IEP or IFSP processes (F10)

____ Evaluate acoustics of classroom settings and provide recommendations for modifications (B4, F12)

____ Provide interprofessional consultation and/or team management (F13) *(to be completed for clinical experiences involving intervention for tinnitus)*

____ Perform assessment of devices used to manage tinnitus.

____ Counsel patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus (E22)

____ Counsel patients to promote the effective use of ear-level sound generators/environmental sounds to manage tinnitus(E23)

____ Counsel patients to facilitate identification and adoption of effective coping strategies (E24)

____ Monitor/assess the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies (E25)

VESTIBULAR *(to be completed for clinical experiences involving intervention for vestibular disorders)*

____ Provide canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (E26)

____ Provide intervention for central and peripheral vestibular deficits (E27)

Comments regarding treatment:

GENERAL KNOWLEDGE AND SKILLS APPLICABLE TO PROFESSIONAL PRACTICE (Standard 3.1.6A)

The student demonstrated the following skills at the level indicated.

____ Ethical Conduct (A22)

____ Integration and application of the interdependence of speech, language, and hearing

____ Engagement in contemporary professional issues and advocacy

____ Engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services.

____ Clinical education and supervision skills (A23)

____ Clinical counseling skills are appropriate to the individual, family members, caregivers, and others involved in care.

____ Professionalism and professional behavior that is reflective of cultural and linguistic differences (A8, A9, A11)

____ Interaction skills and interpersonal qualities, including counseling and collaboration (A12, A16)

____ Ability to work effectively as a member of an interprofessional team (A17, A18)

Comments regarding professional practice:

4.3 Appendix C: KASA MA-SLP Competencies at the University of Iowa

THE UNIVERSITY OF IOWA
DEPARTMENT OF CSD ASSESSMENT OF CLINICAL COMPETENCIES IN SLP

Student's Name:	Semester/Year:	Date:	
Clinical Educator:	Practicum:		

KASA – Standard V-F Supervised clinical practicum must include assessment and intervention experiences with individuals across the life span and from various cultural/linguistic backgrounds. Practicum must include experience with individuals who have several types and severities of communication and/or related disorders, differences, and disabilities named in Standard IV-C Standard V-B The applicant must have completed a program of study that included practical experiences sufficient in breadth and depth to achieve the following skills outcomes:			
	Midterm	Final	Average
EVALUATION			
1. Conducts screening and prevention activities (Std 1a)			
2. Collects case history information, including social determinants of health, and integrates that information during the assessment through collaboration with clients/ patients, family, care partners, and relevant professionals (Std 1b)			
3. Selects and implements appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized assessments, and instrumental procedures. * (Std 1c)			
4. Administers appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.			
5. Modify procedures during an evaluation to reflect the needs of the individual * (Std 1d)			
6. Interprets, integrates, and synthesizes all information to develop diagnoses and make appropriate recommendations for intervention. * (Std 1e)			
7. Completes documentation, report writing, and administrative tasks – including the use of electronic medical records. (Std 1f)			

8. Communicate results and recommendations of the assessment with the individual receiving services, family members, care partners, and relevant professionals (Std 1g)			
9. Make referrals, as appropriate (Std 1h)			
INTERVENTION			
1. Develops setting appropriate individualized treatment plans with measurable and achievable long-term goals for short-term goals that target functional outcomes to meet the individual's needs. * (Std 2a)			
2. Displays knowledge obtained from coursework.			
3. Determines appropriate frequency, intensity, and duration of interventions to achieve functional outcomes * (Std 2b)			
4. Implements setting-appropriate treatment plans and procedures (Std 2c)			
5. Implements multiple therapy objectives as needed. *			
6. Uses appropriate materials and instrumentation for prevention and intervention (Std 2d)			
7. Measures and evaluates individual's performance, including functional outcomes. * (Std 2e)			
8. Dynamically modifies treatment plans, strategies, materials, instrumentation, and/or the environment, as appropriate to meet the individual's needs. * (Std 2f)			
9. Provides appropriate instructions.			
10. Provides appropriate models.			
11. Provides appropriate stimuli.			
12. Provides appropriate feedback.			
13. Provides appropriate reinforcement.			
14. Completes documentation, report writing, and administrative tasks-including the use of electronic medical records. (Std 2g)			
15. Communicates all relevant information to support intervention (Std 2h)			
16. Makes referrals, as appropriate			

(Std 2i)			
INTERACTION AND PERSONAL QUALITIES			
Interactions with Clients			
Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of individuals, family members, care partners, and relevant others. (Std 3a)			
Collaborates in the care management of individuals to ensure and interprofessional, team-based practice (Std 3b)			
Provides counseling regarding communication and swallowing disorders and differences to individuals, family members, care partners, and relevant others * (Std 3c)			
Appropriately interprets and expresses verbal and nonverbal messages. *			
Demonstrates interest in the client's progress.			
Demonstrates interest in the client's well-being.			
Maintains a professional relationship with the client and/or client's family or caregivers.			
Job-Related Professional Skills			
1. Adheres to the ASHA Code of Ethics and maintains high standards of professionalism (Std 3d)			
2. Works respectfully with Clinic office staff			
3. Present self in a manner consistent with policies of varied clinical environments and their patients/clients.			
4. Follows Universal precautions			
Meetings with Clinical Educator			
Review of new or updated client information (e.g., files, updated testing, progress towards goals) before meetings with the Clinical Educator; demonstrates familiarity with the case. *			
Timeliness and active engagement (e.g., asking questions and sharing ideas) during weekly 1:1 or group meetings with the Clinical Educator.			
Increased independence in exploring and seeking resources for			

assessment and intervention. *			
4. Responsive to Clinical Educator feedback.			
5. Maintains a professional relationship with Clinical Educator			
Written Communication			
Timeliness of lesson plans, soaps, and final reports			
Lesson plans and SOAPS are complete and written in a clinical manner consistent with the setting			
Final reports are complete, clinically suitable to the reader and setting			
Timeliness and completeness of suggested changes or edits to written documentation, including EPIC, given by the Clinical Educator.			
Timeliness in responding to emails, EPIC messages, and other communications sent by Clinical Educator.			
Manages billing accurately on EPIC			
Self-Evaluation *			
Ready participates in self-reflection activities.			
Answers the question: "What went well?"			
Answers the question "What needs to change?"			
Answers the question "What's my plan to make changes?"			
As training progresses, the students' evaluations are more independent and accurate.			
Collaboration			
Independently collaborates with other professionals in case management. Shares work equally among partner student clinicians.			
When working as part of a group, actively participates in group meetings (e.g., offering ideas or potential solutions).			
When working as part of a group, it shows respect to fellow group members during interactions.			
Maintains a professional relationship with staff and team members.			

Items indicated by an * include aspects of critical thinking that are essential for clinical decision making and practice.

PROGRESSION OF SKILLS CODES
N/O = no opportunity
0 - Absent - Student does not have knowledge; student does not demonstrate skill, student does not recognize strengths and weaknesses, requires maximum level of supervision - modeling and repeated direction does not improve skills.
1 - Taught/Marginal - Student does not have knowledge, student demonstrates minimal skills, student does not recognize strengths and weaknesses, student requires maximum level of supervision - modeling and repeated direction results in some change.
2 - Emerging - Student is beginning to demonstrate skill, student does not recognize strengths and weaknesses but can identify both if pointed out by clinical educator after the session, requires maximum supervision, modeling and directions result in some generalization of skills.
3 - Developing - Student demonstrates skill half of the time, student recognizes clinical strengths and weaknesses after the session and with the clinical educator's help can generate ideas for change, supervision is provided most of the time, usually directions without modeling.
4 - Refining - Student demonstrates independence but supervision needed at times, direction alone required to make changes, student recognizes clinical strengths and weaknesses during the session although cannot always make online changes, demonstrates developing critical thinking skills following the sessions, requires intermittent supervision in accordance with ASHA guidelines.
5 - Independent - Student is functioning essentially as the responsible professional and displays competency, student clearly recognizes clinical strengths, student engages clinical educator when they have questions, demonstrates critical thinking skills to make clinical decisions, take initiative for most aspects of the case, requires minimal level of supervision in accordance with ASHA guidelines.
6 - Outstanding - Student functions essentially as the responsible professional and displays superior competence in providing therapy and taking initiative for all aspects of the case, student clearly recognizes strengths and weaknesses, demonstrates the ability to think critically through challenging aspects, would be able to perform at high levels without supervision, although receives minimal level of supervision in accordance with ASHA guidelines.

MINIMUM REQUIREMENTS BY SEMESTER					
	1st Semester Fall	2nd Semester Spring	3rd Semester Summer	4th Semester Fall	5th Semester Spring (Outplacement)
Evaluation	2	3	3.5	4.5	5
Intervention	3	3.5	4	4.5	5
Interactions with clients	3.5	4	5	5	5
Job-related professional skills	3	4	5	5	5
Meetings with clinical educator	3	4	4.5	5	5
Written communication	3	4	4.5	5	5
Self-evaluation	3	4	4	5	5
Collaboration	4	4	4.5	5	5
Minimum expected average	3	3.8	4.3	4.8	5

If a student has not met the minimum required competency in any area, do they require an action plan?

Yes ____ No ____ (If 'No,' please add more details in the 'comments' section)

Did the student receive an overall passing score **and** meet all the required competencies?

Yes ____ No ____ (If 'No,' please add more details in the 'comments' section)

needed, the 'student success and core functions' document was reviewed and discussed. ____

Additional Supervisor Comments (e.g., clinical experiences gained, strengths and areas for improvement, opportunities to practice person-centered care, etc.)

Student Comments
Clinical educator I certify that the above record of supervised practicum is correct, and the amount of supervision meets ASHA guidelines. Mid-semester Signature: Date: Final Signature: Date: Printed Name: ASHA CCC#:
Student I certify that the above record of supervised practicum is correct. Mid-semester Signature: Date: Final Signature: Date: Printed Name:

4.4 Appendix D School Speech Language Pathologist Licensure Preparation

School Speech Language Pathologist
Licensure Preparation / Added Endorsement Program K-12



Student Name: UID:

This program of the University of Iowa College of Education is approved by the state of Iowa as preparation for the Initial Professional Service License (or for added endorsement to an educator license) for endorsement number 237, B-21 Speech Language Pathologist, intended for students and graduates of the Master of Science (M.S.) degree program with major in Speech Pathology and Audiology of the Department of Communication Sciences and Disorders, or an equivalent program. This endorsement holder is authorized to serve as a speech-language pathologist to pupils from birth to age 21.

The Department of Communication Sciences and Disorders of the College of Liberal Arts and Sciences offers the program.

Requirements



- Master’s degree in speech pathology and professional education course requires a minimum of 20 semester hours and to include all the following: curriculum, foundations, educational measurements, educational psychology, special education, child development, human relations, individuals with disabilities, and gifted and talented.

Professional Education Course Requirements

- Complete the following courses for 23 semester hours.

Curriculum

- Complete one of the following four courses or an approved substitute.

Course	Course Title	Credit	Session/Substitute
ASLE:3905	Teaching Deaf & Hard of Hearing Students	3 s.h.	
EDTL:4066	Curriculum Concepts in Gifted Education	3 s.h.	
EDTL:4171	Diversity and Exceptionalities in Literacy Instruction	3 s.h.	
EDTL:4980	Special Education Literacy	3 s.h.	

Human Relations

- Complete one of the following two courses or an approved substitute.

Course	Course Title	Credit	Session/Substitute
EPLS:4180	Human Relations for the Classroom Teacher	3 s.h.	
RCE:5250	Multiculturalism for the Helping Professions		

Foundations, Individuals with Disabilities, Gifted and Talented

- Complete the following course or an approved substitute.

Course	Course Title	Credit	Session/Substitute
EDTL:4900	Foundations of Special Education	3 s.h.	

Special Education

- Complete one of the following two options.

Option 1: Complete the following course or an approved substitute.

Course	Course Title	Credit	Session/Substitute
CSD:5258	Multilingualism and Culturally Responsive Practice in CSD	3 s.h.	

Option 2: Complete two of the following three courses or approved substitutes.

Course	Course Title	Credit	Session/Substitute
CSD:5234	Acquired Cognitive-Communication Disorders	2 s.h.	
CSD:5260	Augmentative and Alternative Communications	2 s.h.	
PEDS:7255	Autism Spectrum Disorders	2 s.h.	

Complete all the following courses or approved substitutes.

Course	Course Title	Credit	Session/Substitute
CSD:5104	Language Disorders: School-Aged Children (Standards: Educational Measurements)	3 s.h.	
CSD:5135	Foundations of Clinical Practice I (Standards: Educational Psychology)	2 s.h.	

CSD:5136	Foundations of Clinical Practice II (Standards: Foundations)	1 s.h.	
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Child Development

Complete one of the following two courses or an approved substitute.

Course	Course Title	Credit	Session/Substitute
PSQF:4106	Child Development	3 s.h.	
PSY:2401	Introduction to Developmental Science	3 s.h.	

Outplacement

Complete the following course or an approved substitute.

Course	Course Title	Credit	Session/Substitute
CSD:5304	Speech Pathology Outplacement: School	2 s.h.	

Field Experience

Please provide placement details for CSD:5304 Speech Pathology Outplacement: School.

Site
Clock Hours/Dates

Additional Information

This Program Guide is for planning and documentation of program completion. State licensure and endorsement requirements are subject to change without notice; check with your advisor or the Office of Education Services for updated requirements. Course transfer and substitution may require syllabi or other documentation in addition to transcripts. Revised 07/15/2022 KD/BJ version 4.2.

For additional information, admissions procedures, or advising referral, please contact Office of Student Services, College of Education, N201 Lindquist Center, Iowa City, IA 52242, 319-335- 5359, FAX: 319-335-5364, ask-education@uiowa.edu, <https://education.uiowa.edu/>

4.5 Appendix: MS-SLP Thesis proposal form

Student Name:

Planned Graduation Semester:

Faculty Mentor:

Project Description:

Registration Plan (*When will you register for a total of 4 sh of CSD: 7590? Note, you should plan for 2–3 hours of work every week per 1 s.h. enrolled*):

Research Milestones:

Below are typical project milestones. In collaboration with your mentor, adjust as needed and add proposed deadlines. Proposed deadlines for major milestones are required. These may be adjusted with mentor approval.

1. Identify and confirm thesis committee members
2. Identify, read, and synthesize key research articles.
3. Finalize research questions(s) and methodology!
4. Submit IRB proposal, revisions as required, confirm IRB approval (if applicable)
5. Complete training for relevant data collection and/or analysis procedures
6. Recruit participants (if applicable) and complete data collection.
7. Complete data analysis
8. Confirm thesis defense date (must submit to CSD Grad Coordinator 18 days (about 2 and a half weeks) in advance)
9. Defend thesis by early April of second Spring semester.

Writing Milestones:

See Graduate College thesis website for final submission date, formatting guidelines, and other essential information for planning: <https://grad.uiowa.edu/academics/thesis-and-dissertation>

Faculty mentor and student will identify specific milestones and deadlines for writing. This must include sufficient time for mentor review and feedback and for the student to revise accordingly prior to submission. Use of AI tools can only be used to refine grammar and clarity. An example of typical thesis writing milestones is provided below:

1. Draft Chapter 1 (Introduction), submit to mentor for feedback.
2. Draft Chapter 2 (Literature Review), submit to mentor for feedback.
3. Draft Chapter 3 (Methods), submit to mentor for feedback.
4. Draft Chapter 4 (Results), submit to mentor for feedback.
5. Draft Chapter 5 (Discussion), submit to mentor for feedback.
6. Integrate mentor feedback into full draft, submit to mentor for feedback.
7. Final draft submitted to committee for review (minimum 2 weeks prior to defense date)
8. Incorporate any required committee feedback; finalize draft and formatting.
9. Submit for Graduate College format review.
10. Final thesis submission

Each time that the student and mentor complete this form, a copy is uploaded to advising information in MAUI.

Thesis Policy: Timely progress and completion of the thesis is the student's responsibility. This includes scheduling meetings, proactively communicating any obstacles to progress, and requesting support. The faculty mentor provides guidance and feedback; however, the student is expected to initiate progress at every stage.

As described in the *MS-SLP Thesis Guidelines* in the Graduate handbook, the student must maintain good standing in their graduate degree program to complete a thesis. Additionally, failure to meet major thesis milestones on time or submission of incomplete work may result in discontinuation of thesis.

Mentorship and Accountability Plan: The student and mentor are required to discuss and establish the following expectations. Documenting them below is optional but strongly recommended:

1. Expectations for student-mentor communication and/or meetings
2. Student accountability for thesis progress and deadlines
3. Mentor support, training, and feedback on submitted work.

5 Resources

5.1.1.1 Academic & Professional Development

- Center for Teaching <https://teaching.uiowa.edu/>
- Writing Center: <https://writingcenter.uiowa.edu/>
- Grad Success Center: <https://grad.uiowa.edu/grad-success>
- Grad Plan: <https://grad.uiowa.edu/academics/my-grad-plan>
- Thesis and Dissertation: <https://grad.uiowa.edu/academics/thesis-and-dissertation>
- Office of the Ombudsperson: <https://ombudsperson.org.uiowa.edu/about-us>

5.1.1.2 Research & Funding Support (Enhancements)

- Office of the Vice President for Research (OVPR): <https://research.uiowa.edu/>
- Proposal & Grant Support (DSP): <https://dsp.research.uiowa.edu/>
- University Libraries: <https://www.lib.uiowa.edu/>
- Funding: <https://grad.uiowa.edu/funding>

5.1.1.3 Technology & Student Tools

- ITS Help Desk: <https://its.uiowa.edu/help>
- ICON (course platform): <https://icon.uiowa.edu/>
- MyUI (student portal): <https://myui.uiowa.edu/>

5.1.1.4 Community & Belonging

- Graduate & Professional Student Government (GPSG): <https://gpsg.uiowa.edu/>

5.1.1.5 Life & General Support

- Student Health: <https://studenthealth.uiowa.edu/>
- University Counseling Services: <https://counseling.uiowa.edu/>
- Student Wellness: <https://studentwellness.uiowa.edu/>
- CLAS Health and Wellness: <https://clas.uiowa.edu/students/mental-health-wellness>
- Mental Health: <https://studenthealth.uiowa.edu/services/mental-health>
- Basic Needs: <https://basicneeds.uiowa.edu/>
- Hawkeye Meal Share: <https://dos.uiowa.edu/assistance/meal-share/>
- Student Emergency Fund: <https://dos.uiowa.edu/assistance/student-supportinitiatives/>
- Food Pantry: <https://imu.uiowa.edu/imu-services/food-pantry-iowa>
- Clothing Closet: <https://imu.uiowa.edu/imu-services/clothing-closet>
- Dean of Students Resource Guide: <https://dos.uiowa.edu/resource-guide>